U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 123: 154	2. Fiscal Year Covered From:					
5 948	1/1/05 Through: 12/3/05					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name DONALD A SKINNER	Name IBFW LOCAL 952					
	Labor Organization File Number					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 3994 EAST MAIN ST	Street 3994 E MALLN ST					
City VENTURA	City VENTURAT					
State CA ZIP Code + 4 9300	3 State CA ZIP Code + 4 93003					
5. Position in labor organization. PRSSTORNT						
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	7.b. Amount.					
City						
State ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Sal a May.	On 3-27-06 805-642-2149 Date Telephone Number					
						

DONAU A SKUNIVETC	1 10 Notified to 028-05 9					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: X a. Labor Organization b. Trust c. Employer					
Name. TBTW957/NSGA LABON DANAGENENT COMM Trade Name, if any: P.O. Box, Bldg., Room No., if any	REIMBUSMENT OF WAGES LOST FOR ATTENDENCE LMCC MESTINGS					
Street 3994 E MAFN 51 City V9NIVNA State CA ZIP Code + 4 73003	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. RGIMBUSMENT OF WAGES 2 MEG TINGS					
	12.b. Amount. 269. 60					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).						
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any						
Street City ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or income dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	г \ Z
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	,
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name TBGWGSZ/NGCA PGNSJON TNVST	REIMBURSAMENT FOR EXPENSES FOR INTERNALIZONAL FOUNDATION MEGICA
Trade Name, if any:	INITANALIZUNAL POUNDITIEN TITTIER
P.O. Box, Bldg., Room No., if any	
Street 3994 E MA-IN 67.	
City VENTURIA GAT	11.b. Approximate dollar value of such dealing. 12.1.08
State CA ZIP Code + 4 93003	RGIMBUNSOMENT FOR GXPGNSGS-
	AND PARKING
	AND PHICKLING
	12.b. Amount. 12.11. 08
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling ONNALD A SELIVING	//	The Number of OSE	- 05 9			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IBGW 952 / NGBA PENSION TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3994 / MAJN 51 City V9NJUNA State CA ZIP Code + 4 93003	11.a. Nature of such dealing. PGIMBUNSSMENT FON WAGS S LOST TO ATTAMO PANSION TRUST MSFIINUS 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. RGIMBURSSMENT OF WAGS S					
	12.b. Amount.		539.20			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					

Name of Person Filing DONALO 1 SELVINE	l	File Number U-	28-054				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name TRGUIGS 2 NGUT IGHUIT + WELFARS TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3994, E MAIN ST. City USNIVAT State CA ZIP Code + 4 G3003	11.a. Nature of such dealing PETMBUNSEN WAGES TO HE WELFANE 11.b. Approximate dollar value 12.a. Nature of interest hele REIMBUNS	AFNT OF UATTOND ATTOND ATTOND ATTOND ATTOND ATTOND ATTOND ATTOND ATTONDED A	269.60				
	12.b. Amount.		269.60				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street							
City ZIP Code + 4							
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.						